U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only JUL 21 2005 READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
1. File Number U - 3678	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 3(/ 2004)
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Shane E Griesbach	Name Operating Engineers Local 139
	Labor Organization File Number 035 - 847
P.O. Box, Bldg., Room No., if any N1509	P.O. Box, Building and Room Number, if any P.O. Box 130
Street Windy Mendows Lane	Street N27 W23233 Roundy Drive
City Hortonuille	City Pewankee
State	State UI ZIP Code + 4 53 072
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of	
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any),	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	

Date

920-779-0197

Telephone Number

Name of Person Filing Shane Griestach	File Number U- 3678
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name Baum Sigman Amerbach + Neuman Ltd. Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 2200 Street 200 West Adams Street City Chrage State IL ZIP Code + 4 60606 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Law firm that provides legal advice to our local union.
Street	11.b. Approximate dollar value of such dealing. 7441,581
City	12 a Mature of interpot hold or income received
State ZIP Code + 4	A meal was furnished to introduce the firm to the local union's employees:
	12.b. Amount. 14,97
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.